

EXECUTIVE COUNCIL OF IOWA

AGENDA

SEPTEMBER 26, 2011

1. Introduction of Attendees
2. Approval of minutes of meeting held September 12, 2011
3. Personal Appearance –
 - A. Marvin Shultz, Department of Human Services, will be present to request additional Resolution of Funds for the disaster in Dubuque County in the amount of \$235,000.00
TAB # 1
 - B. Marvin Shultz, Department of Human Services, will be present to request Resolution of Funds for the disaster in Emmet County in the amount of \$20,000.00
TAB # 2
 - C. Marvin Shultz, Department of Human Services, will be present to request additional Resolution of Funds for the disaster in Marshall County in the amount of \$15,000.00
TAB # 3
 - D. David L. Dorff, Assistant Attorney General will be present to request approval for the Department of Natural Resources to transfer Mill Creek State Park to the O'Brien County Conservation Board.
TAB # 4
 - E. Lesa Quinn, Department of Public Defense will be present to request a new membership in Iowa CIO forum for one year in the amount of \$25.00.
TAB # 5
4. Leases – Page 1
5. Emergency Allocations – Page 2
6. Payment of Cost Items – Pages 2 - 3
7. Renewal Memberships – Page 3 - 4
TAB #'s 6, 7, 8, 9, 10, 11 and 12

4. Leases

- A. Lease between DNR and Buckeye Terminals, LLC
Date of Lease: Five years - ending August 31, 2016
Legal Description: A parcel approximately 100 feet in depth by 150 feet of frontage located at Mississippi River Mile 487.1 in Scott County, IA
Annual Fee: \$1,159.20

David Dorff, Assistant Attorney General, has reviewed the above lease and approved the lease as to form.

- B. Lease between Human Services and Webster County Board of Supervisors
Date of Lease: November 1, 2011 - October 31, 2016
Description: The total amount of rented space is 4,479 square feet. For the lease renewal term commencing in November 2011, the annual cost will be \$9.27 per square foot or \$3,460.03 per month. The annual cost of this lease is \$41,520.33 and the total cost of this lease is \$207,601.70. There is no increase in the cost per square foot over the prior 5-year lease term.

- C. Lease between Inspections and Appeals and The Fischer Companies
Dubuque, IA
Date of Lease: October 1, 2011 - March 31, 2012
Description: The total amount of rented space is 3,455 square feet. For the lease renewal term commencing in October 2011, the annual cost will be \$10.05 per square foot or \$2,893.56 per month. The total cost of this lease is \$17,361.38. There is no increase in the cost per square foot over the prior 2-year lease term.

- D. Lease between Vocational Rehabilitation and Raymond F. Youngers Sun City
West, AZ
Date of Lease: October 1, 2011 - September 30, 2016
Description: The total amount of rented space is 1,238 square feet. For the lease renewal term commencing in October 2011, the annual cost will be \$5.55 per square foot or \$572.58 per month. The annual cost of this lease is \$6,870.96 and the total cost of this lease is \$34,354.80. There is no increase in the cost per square foot over the prior 5-year lease term.

Grant Dugdale, Assistant Attorney General, has reviewed the above leases and approved the leases as to form.

5. Emergency Allocations

- A. Department of Administrative Services is requesting a supplemental emergency allocation in the amount of \$2,989.42. On September 5, 2010, there was a lightning strike at Central Energy Plant. Request is to cover repair costs.

The State Auditor's Office has reviewed the above request and recommends the allocation, subject to audit of actual invoices; this will bring total allocation to \$8,431.36.

- B. Department of Public Safety, Iowa State Patrol is requesting a supplemental emergency allocation in the amount of \$570.64. On June 20, 2011 Department of Public Safety, Iowa State Patrol had hail damage to vehicles #235, #681 and #41. Request is to cover repair costs.

The State Auditor's Office has reviewed this request and recommends allocation, subject to an audit of actual invoices; this will bring total allocation to \$3,665.51.

- C. Department of Public Safety, Iowa State Patrol is requesting an emergency allocation in the amount of \$8,303.23. On August 22, 2011 hail damaged vehicles # 76, # 253 and # 277. Request is to cover repair costs.

The State Auditor's Office has reviewed this request and recommends allocation, subject to an audit of actual invoices.

- D. Iowa Communications Network is requesting an emergency allocation in the amount of \$11,416.05. On June 17, 2011 fiber optic cable was damaged due to flooding and erosion at Bear Creek, on Highway 34 west of Ottumwa. Request is to cover repair costs.

The State Auditor's Office has reviewed this request and recommends allocation, subject to audit of actual invoices and supporting documentation and demonstration that no costs covered by the maintenance contract have been included.

6. Payment of Cost Items

- A. Department of Public Safety, Iowa State Patrol..... \$570.64
On June 20, 2011 Department of Public Safety, Iowa State Patrol had hail damage to vehicles #235, #681 and #41. Request is to cover repair costs.

The State Auditor's Office has reviewed this request and recommends payment.

- H. Transportation in American Public Transit Association (APTA) in the amount of \$1,310.00 for July 1, 2011 - June 30, 2012. (Previous amount was \$1,310.00.) Other agencies: No: Funding Source: Other State Funds

TAB # 9

- I. Transportation in American Public Works Association (APWA) in the amount of \$1,904.00 for December 1, 2011 - November 30, 2012. (Previous amount was \$1,856.00.) Other agencies: No: Funding Source: Other State Funds

TAB # 10

- J. Transportation in Heavy Vehicle Electronic License Plate, Inc (HELP Inc.) in the amount of \$15,000.00 for October 1, 2011 - September 30, 2012. (Previous amount was \$15,000.00.) Other agencies: No: Funding Source: Other State Funds-DOT General Fund/Other Funds CVI

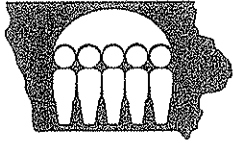
TAB # 11

- K. Transportation in Ames Chamber of Commerce in the amount of \$ 1,500.00 for July 2011 - June 2012. (Previous amount) Other agencies: No: Funding Source: Other State Funds: Primary Road Fund

TAB # 12

- L. Vocational Rehabilitation in Clear Lake Area Chamber of Commerce in the amount of \$100.00 for October 1, 2011 - October 1, 2012. (Previous amount was \$100.00.) Other agencies: Yes: IWD Funding Source: State General Fund 21%/Federal Funds 79%

- M. Vocational Rehabilitation in Fort Dodge Area Chamber of Commerce in the amount of \$140.00 for October 1, 2011 - September 30, 2012. (Previous amount was \$130.00.) Other agencies: Yes: IWD Funding Source: State General Fund 21%/Federal Funds 79%



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

TAB # 1

EXECUTIVE COUNCIL
411 SEP 15 AM 10:19

September 15, 2011

Executive Council
Attn: GeorgAnna Madsen
Capitol Building
LOCAL

Item: Governor Proclamation of a State of Disaster Emergency – Request for Funds
Pursuant to House file 896 Section 1.

Dear Ms. Madsen:

Per the Governor Disaster Declaration, I am requesting that additional funding for the Iowa Individual Assistance Grant Program be placed on the Executive Council Agenda for Monday, September 26, 2011. The Iowa Department of Human Services is requesting the Executive Council adopt a Resolution for Funds in the amount of \$235,000.00 for Dubuque County to replace/repair items affected by the disaster emergency which cannot be met by other means of financial assistance.

The original request for funding was approved for Dubuque County in the amount of \$70,000.00 on August 3, 2011. A second request was approved on August 25, 2011, for an additional \$260,000. With the current request this will make the total available assistance for Dubuque County \$590,000.00.

The account coding for the funds to be transferred will be:

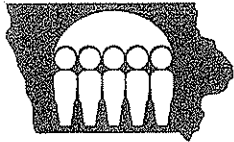
Dept Fund Appr Orgn
401 0391 0000 1109 State Only Disaster –Dubuque County, September 26, 2011

Thank you for your assistance.

Sincerely,

Charles M. Palmer
Director

cc: Vern Armstrong
Marvin Shultz
Kris Thomas
Lee Hill



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

TAB # 2

September 15, 2011

Executive Council
Attn: GeorgAnna Madsen
Capitol Building
LOCAL

EXECUTIVE COUNCIL
2011 SEP 16 11:10:36

Item: Governor Proclamation of a State of Disaster Emergency – Request for Funds
Pursuant to House File 896 Section 1.

Dear Ms. Madsen:

Per the Governor Disaster Declaration, I am requesting that funding for the Iowa Individual Assistance Grant Program be placed on the Executive Council Agenda for Monday, September 26, 2011. The Iowa Department of Human Services is requesting the Executive Council adopt a Resolution for Funds in the amount of \$20,000.00 for Emmet County pursuant to House File 896 Section 1 to distribute funds to individuals or families to replace/repair items affected by the disaster emergency which cannot be met by other means of financial assistance.

The account coding for the funds to be transferred will be:

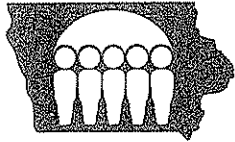
Dept Fund Appr Orgn
401 0391 0000 1110 State Only Disaster – Emmet County, September 26, 2011

Thank you for your assistance.

Sincerely,

Charles M. Palmer
Director

cc: Vern Armstrong
Marvin Shultz
Kris Thomas
Lee Hill



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

TAB # 3

2011 SEP 21 AM 11:00
EXECUTIVE COUNCIL

September 21, 2011

Executive Council
Attn: GeorgAnna Madsen
Capitol Building
LOCAL

Item: Governor Proclamation of a State of Disaster Emergency – Request for Funds

Dear Ms. Madsen:

Per the Governor Disaster Declaration, I am requesting funding for the Iowa Individual Assistance Grant Program be placed on the Executive Council Agenda for Monday, September 26, 2011. The Iowa Department of Human Services is requesting the Executive Council adopt a Resolution for Funds in the amount of an additional \$15,000 for Marshall County pursuant to House File 896 Section 1 to distribute funds to individuals or families to replace/repair items affected by the disaster emergency which cannot be met by other means of financial assistance. This will bring the total assistance available for Marshall County to \$35,000.

The account coding for the funds to be transferred will be:

Dept	Fund	Appr	Org	
401	0391	0000	1107	State Only Disaster – Marion, Marshall, Tama, and Benton Counties, July 18, 2011

Thank you for your assistance.

Sincerely,

Charles M. Palmer
Director

cc: Vern Armstrong
Marvin Shultz
Kris Thomas
Lee Hill

EXECUTIVE COUNCIL

2011 SEP 12 AM 7:44

MEMO from: David L. Dorff, Assistant Attorney General
Iowa Department of Justice, Environmental Law Division

Lucas Bldg., Room 018, 321 East 12th St., Des Moines, IA 50319

TEL: 515-281-6710 FAX: 515-242-6072 email: ddorff@ag.state.ia.us

August 31, 2011

TAB # 4

GeorgAnna Madsen, Administrative Secretary
Executive Council of Iowa
Capitol Bldg.
VIA Local Mail

**Re: APPROVAL of Mill Creek State Park land transfer to O'Brien County
Conservation Board**

On behalf of the Iowa Department of Natural Resources, I am requesting that the Executive Council approve the transfer of Mill Creek State Park in O'Brien County to the O'Brien County Conservation Board without consideration under the provisions of Iowa Code section 461A.32. The second paragraph of section 461A.32 authorizes the Executive Council, on recommendation of the Natural Resource Commission, to transfer lands under the Commission's jurisdiction to county conservation boards for park purposes.

By resolution, the O'Brien County Board of Supervisors and O'Brien County Conservation Board have requested the transfer of this state-owned property that the county has managed since 1993. The Conservation Board currently manages the park under an agreement with the DNR. Under the Board's management, several capital improvements have been made to the park, including: construction of cabins, a shower house, and a concession stand; upgrading of electrical service; renovation of the lodge; and a lake restoration project. County officials believe ownership of the park will make grant funding and additional support for improvements more achievable. In exchange for the transfer, county officials have agreed to enter into a management and title transfer agreement with the DNR. The Natural Resource Commission recommended Council approval of the transfer at its regularly scheduled meeting on August 11, 2011.

Conveyance is by state land patent with a required clause providing for reversion of the land to the state in the event it ceases to be used as a public park. After the Executive Council has approved the transfer, I will arrange for preparation and issuance of the patent and supporting certificate.

Please notify me when this request will be considered by the Executive Council so I can be present to answer any questions the Council might have. Thank you.

Fax copies to: Deputy Attorney General Julie F. Pottorff
Kevin Szcodronski, Todd Rozendaal & Travis Baker, DNR

Executive Council of Iowa
Capitol Building
Des Moines, Iowa 50319
Phone: 515-281-5368
FAX: 515-281-7562

TAB # 5

REQUEST FOR MEMBERSHIP APPROVAL

DEPARTMENT REQUESTING MEMBERSHIP:

Public Defense - Military

NAME OF ORGANIZATION:

Iowa CIO forum

NEW MEMBERSHIP ☒

RENEWAL ☐

MEMBERSHIP PERIOD:

06/01/2011-05/30/2012
(Beginning & Ending dates)

MEMBERSHIP FEE OR DUES AMOUNT

\$25.00

Funding Source: State General Fund ☒

Other State Funds ☐

Federal Funds ☐

Other Funds ☐

If Renewal, previous year amount

Do Other Departments Belong To This Organization?

☐ Yes

☐ No ☐ Unsure

If yes, please list

Please describe why your department should have an additional membership

Will This Membership Require And Pay For Out Of State Travel?

☐ Yes ☒ No

If yes, list the anticipated number of trips per year and their purpose:

Describe Why This Membership Is Important To The Work Of Your Department:

As Chair of the State Chief Information Officers Council, I represent the State of Iowa at these meetings.

This organization has CIO Representatives from the private sector.

We discuss many technology issues as well as share best practices and future needs in the business community. Important to interact with CIO Representatives.

Describe How Membership In This Organization Will Benefit the Taxpayers of the State of Iowa.

As the Chair of the CIO Council, I learn new technology advancements as well as best practices in the private sector.

I bring these projects and issues back to the State CIO Council to share with all Departments.

When these suggestions are implemented, they enhance services to the citizens of the State of Iowa.

Describe The Frequency And Type Of Contacts You Expect Your Department To Have With This Organization:

This organization meets once a month at Farm Bureau in West Des Moines. Information Technology Manager Contacts.

Requested by:

Timothy E Orr
(Department Head Signature)

Date: 16 Sep 11

Phone:

(515) 252-4211

Email:

timothy.orr@us.army.mil

Membership Form 42400

DOM: ☒ Approval

☐ Disapproval

Signature

Date

9/21/11

Executive Council of Iowa

Capitol Building
Des Moines, Iowa 50319
Phone: 515 281-5368
FAX: 515 281-7562

TAB #6

REQUEST FOR MEMBERSHIP APPROVAL

DEPARTMENT REQUESTING MEMBERSHIP: Department of Commerce _____

NAME OF ORGANIZATION: National Alcohol Beverage Control Association

NEW MEMBERSHIP _____ **RENEWAL** ☒ **MEMBERSHIP PERIOD:** 07/01/2011 - 06/30/12
(Beginning and ending dates)

MEMBERSHIP FEE OR DUES AMOUNT \$ 2000.00

Funding Source: State General Fund ☒ Other State Funds ☐ _____

Federal Funds ☐ **Other Funds** ☐ _____

If Renewal, previous year amount. \$ 2000.00

DO OTHER DEPARTMENTS BELONG TO THIS ORGANIZATION? ☐ Yes ☒ No

If yes, please list: _____

Please describe why your department should have an additional membership _____

WILL THIS MEMBERSHIP REQUIRE AND PAY FOR OUT-OF-STATE TRAVEL? ☒ Yes ☐ No

If yes, list the anticipated number of trips per year and their purpose: Approx. 5-7 trips per year. NABCA hosts a variety of events; Annual Conference, Legal Symposium, Administrators Conference, Board of Directors Meeting, Board Meeting. Each conference has a specific purpose, the annual conference brings together various members of the alcohol beverage industry to discuss important items from the past year as well as determine which direction to go towards for the upcoming year. _____

DESCRIBE WHY THIS MEMBERSHIP IS IMPORTANT TO THE WORK OF YOUR DEPARTMENT.

The National Alcohol Beverage Association provides monthly reports to the Division that are vital to keeping our process' running efficiently. We are also able to identify any problem areas with the information provided in the reports. NABCA also conducts a series of surveys each year that gather information from each state regarding liquor practices. The Iowa Alcoholic Beverages Division participates in such surveys as well as benefits from the knowledge gained through the surveys. The NABCA also identifies and contacts the Division when there are questionable products or labels being brought into the alcoholic beverages market.

DESCRIBE HOW MEMBERSHIP IN THIS ORGANIZATION WILL BENEFIT THE TAXPAYERS OF THE STATE OF IOWA.

The NABCA better helps the division to understand what is currently taking place in other states as well as the alcohol industry as a whole. We are in constant contact with the NABCA staff as they provide beneficial information to the division that helps us determine rules and or statutes. _____

DESCRIBE THE FREQUENCY AND TYPE OF CONTACTS YOU EXPECT YOUR DEPARTMENT TO HAVE WITH THIS ORGANIZATION: Daily contact, there are some employees with the NABCA that are contacted more often than others. Conference calls between the president of the organization and the Administrator are common to discuss certain issues of interest within the alcohol beverage industry and upcoming meetings. _____

Requested by: Stephen J. Janssen **Date:** 08/22/11
(Department Head Signature)
Phone: 515.281.7407

DOM: Approval ☒ Disapproval ☐

Signature David R. Rogers **Date** 7/8/11

Executive Council of Iowa

Capitol Building
Des Moines, Iowa 50319
Phone: 515-281-5368
FAX: 515-281-7562

TAB # 7

RECEIVED

AUG 18 2011

IOWA DEPT. OF
MANAGEMENT

REQUEST FOR MEMBERSHIP APPROVAL

DEPARTMENT REQUESTING MEMBERSHIP: Inspections and Appeals, Iowa Child Advocacy Board

NAME OF ORGANIZATION: National CASA Association (NCASAA)

NEW MEMBERSHIP _____ RENEWAL ☒ MEMBERSHIP PERIOD: August 2011 - July 2012
(Beginning and ending dates)

MEMBERSHIP FEES OR DUES AMOUNT \$ 1,000.00

Funding Source: State General Fund ☐ Other State Funds ☒ National CASA Grant

Federal Funds _____ Other Funds _____

If Renewal, previous year amount. \$1,000.00

DO OTHER DEPARTMENTS BELONG TO THIS ORGANIZATION? ☐ Yes ☒ No

If yes, please list: _____

WILL THIS MEMBERSHIP REQUIRE AND PAY FOR OUT-OF-STATE TRAVEL? ☒ Yes ☐ No

If yes, list the anticipated number of trips per year and their purpose: _____

The Director of the Iowa Child Advocacy Board must attend the annual conference of the National CASA Association; travel expenses for this trip come out of the National CASA grant received by the Board, as does the requested \$1,000 membership fee.

DESCRIBE WHY THIS MEMBERSHIP IS IMPORTANT TO THE WORK OF YOUR DEPARTMENT:

Membership in NCASAA is required to receive grants from the Association. The Iowa Child Advocacy Board receives a grant of \$50,000 per year from National CASA Association for court-appointed special advocate activities. The Board will attempt to secure additional grants from the Association (2 additional grants received in FY11 for \$24,000). Membership is required to receive grants from the Association.

DESCRIBE HOW MEMBERSHIP IN THIS ORGANIZATION WILL BENEFIT THE TAXPAYERS OF THE STATE OF IOWA.

It will allow the Iowa Child Advocacy Board to receive the annual grant of \$50,000 and will allow the Board to apply for additional grants each year.

DESCRIBE THE FREQUENCY AND TYPE OF CONTACTS YOU EXPECT YOUR DEPARTMENT TO HAVE WITH THIS ORGANIZATION:

Regular phone contacts and an accreditation process for Iowa Child Advocacy Board's CASA program.

Requested by: Rod Roberts
(Department Head Signature)

Date: 8-18-11

Phone: 281-5457

E-mail: Rod.roberts@dia.iowa.gov

Membership Form 42400

July 2009

DOM: Approval ☒ Disapproval ☐

Signature: David Roberts Date: 9/9/11

Executive Council of Iowa
Capitol Building
Des Moines, Iowa 50319
Phone: 515-281-5368
FAX: 515-281-7562

TAB # 8

RECEIVED

SEP 15 2011

IOWA DEPT. OF
MANAGEMENT

REQUEST FOR MEMBERSHIP APPROVAL

DEPARTMENT REQUESTING MEMBERSHIP:

Veterans Affairs

NAME OF ORGANIZATION: National Association of State Directors of Veterans Affairs

NEW MEMBERSHIP _____ RENEWAL ☒ MEMBERSHIP PERIOD: 1 Oct - 30 Sep
(Beginning & Ending dates)

MEMBERSHIP FEE OR DUES AMOUNT \$800.00

Funding Source: State General Fund



Other State Funds



Federal Funds



Other Funds



If Renewal, previous year amount

\$800.00

Do Other Departments Belong To This Organization?



Yes



No

If yes, please list

Please describe why your department should have an additional membership

This is a renewal.

Will This Membership Require And Pay For Out Of State Travel?



Yes



No

If yes, list the anticipated number of trips per year and their purpose:

Out of state travel, one meeting per year, will be beneficial for training and information purposes.

Describe Why This Membership Is Important To The Work Of Your Department:

The members of this organization share, almost daily, information from their state that will benefit others.

The information relates to benefits provided veterans, improvement of processes, and legislative proposals.

Describe How Membership In This Organization Will Benefit the Taxpayers of the State of Iowa.

Veterans and their families will benefit from information shared by other states, as it relates to improving services.

Taxpayers in Iowa appreciate our veterans and want to make sure Iowa competes in keeping veterans in Iowa.

Describe The Frequency And Type Of Contacts You Expect Your Department To Have With This

Organization: Daily e-mail with other Directors, Annual Meeting

Requested by:

Jodi A. Tymeson
(Department Head Signature)

Date:

Sept. 13, 2011

Phone:

(515) 242-5333

Email:

jodi.tymeson@iowa.gov

Membership Form 42400

DOM: Approval



Disapproval



Signature

[Signature]

Date

9/21/11

Executive Council of Iowa

Capitol Building
Des Moines, Iowa 50319
Phone: 515 281-5368
FAX: 515 281-7562

REQUEST FOR MEMBERSHIP APPROVAL

DEPARTMENT REQUESTING MEMBERSHIP: Office of Public Transit, Iowa DOT

NAME OF ORGANIZATION: American Public Transit Association (APTA)

NEW MEMBERSHIP: _____ **RENEWAL:** X **MEMBERSHIP PERIOD:** 7/1/2011 - 6/30/2012
(Beginning and ending dates)

MEMBERSHIP FEE OR DUES AMOUNT: \$1,310

Funding Source: State General Fund ☐ Other State Funds \$1,310

Federal Funds ☐ **Other Funds** \$

If Renewal, previous year amount: \$1,310

DO OTHER DEPARTMENTS BELONG TO THIS ORGANIZATION? ☐ Yes ☒ No

If Yes, please list:

Please describe why your department should have an additional membership:

WILL THIS MEMBERSHIP REQUIRE AND PAY FOR OUT-OF-STATE TRAVEL? ☐ Yes ☒ No

If Yes, list the anticipated number of trips per year and their purpose:

DESCRIBE WHY THIS MEMBERSHIP IS IMPORTANT TO THE WORK OF YOUR DEPARTMENT: APTA is the primary spokesperson for the public transit industry. APTA members primarily represent the larger transit systems around the nation. It is critical that states participate to make sure that APTA's message reflects some balance between the interests of large cities and those from smaller communities and rural areas that the states primarily work with when it comes to the design of the federal transit program. This is particularly critical with the reauthorization of the federal transportation programs approaching.

DESCRIBE HOW MEMBERSHIP IN THIS ORGANIZATION WILL BENEFIT THE TAXPAYERS OF THE STATE OF IOWA:

Participation in APTA helps bring greater federal funding for transit services within Iowa's smaller urbanized areas and rural communities. APTA also provides excellent analyses of federal legislative proposals and regulation provisions, which are accessible to members, thereby avoiding a great deal of the cost that would be involved in doing equivalent research independently.

DESCRIBE THE FREQUENCY AND TYPE OF CONTACTS YOU EXPECT YOUR DEPARTMENT TO HAVE WITH THIS ORGANIZATION: Bi-weekly electronic informational updates, as well as frequent analyses of proposed legislation, plus in-person presentations to Iowa transit systems at department-sponsored statewide meetings.

Requested by: Stuart Anderson

(Department Head Signature)

Date: 8-23-11

Phone: 515-239-1661

E-mail: Stuart.anderson@dot.iowa.gov

DOM:

Approval ☒

Disapproval ☐

Signature David Redden

Date _____

Executive Council of Iowa
Capitol Building
Des Moines, Iowa 50319
Phone: 515 281-5368
FAX: 515 281-7562

TAB # 10: **CEIVED**

SEP 21 2011

IOWA DEPT. OF
MANAGEMENT

REQUEST FOR MEMBERSHIP APPROVAL

DEPARTMENT REQUESTING MEMBERSHIP: Transportation

NAME OF ORGANIZATION: American Public Works Association (APWA)

NEW MEMBERSHIP: _____ RENEWAL: X MEMBERSHIP PERIOD: 12/1/11 - 11/30/12
(Beginning and ending dates)

MEMBERSHIP FEE OR DUES AMOUNT: \$ 1904.00

Funding Source: State General Fund ☐ Other State Funds \$ 1904.00

Federal Funds ☐ Other Funds \$

If Renewal, previous year amount: \$ 1856.00

DO OTHER DEPARTMENTS BELONG TO THIS ORGANIZATION? ☐ Yes ☒ No

If Yes, please list:

Please describe why your department should have an additional membership:

WILL THIS MEMBERSHIP REQUIRE AND PAY FOR OUT-OF-STATE TRAVEL? ☐ Yes ☐ No

If Yes, list the anticipated number of trips per year and their purpose:

Elective attendance at the international public works congress and exposition would provide important education and contacts with APWA members.

DESCRIBE WHY THIS MEMBERSHIP IS IMPORTANT TO THE WORK OF YOUR DEPARTMENT:

Membership in APWA will greatly benefit the DOT through its many institute offerings, programs and literature, as well as the exchange of information with other APWA members.

DESCRIBE HOW MEMBERSHIP IN THIS ORGANIZATION WILL BENEFIT THE TAXPAYERS OF THE STATE OF IOWA:

The DOT will receive publications on a regular basis and have continuous access to valuable resources to assist in performing duties in the most efficient manner possible.

DESCRIBE THE FREQUENCY AND TYPE OF CONTACTS YOU EXPECT YOUR DEPARTMENT TO HAVE WITH THIS ORGANIZATION:

Monthly publications and contact with other APWA members.

Requested by: <u>Lee Wilkinson</u> (Department Head Signature)	Date: <u>September 19, 2011</u>
Phone: <u>515-239-1340</u>	E-mail: <u>lee.wilkinson@dot.iowa.gov</u>

DOM: 2011 SEP 22 10:29 Approval ☒ Disapproval ☐

Signature David Redden Date 9/22/11

Executive Council of Iowa
 Capitol Building
 Des Moines, Iowa 50319
 Phone: 515 281-5368
 FAX: 515 281-7562

REQUEST FOR MEMBERSHIP APPROVALDEPARTMENT REQUESTING MEMBERSHIP: TransportationNAME OF ORGANIZATION: Heavy Vehicle Electronic License Plate, Inc. (HELP, Inc.)NEW MEMBERSHIP: _____ RENEWAL: X MEMBERSHIP PERIOD: 10-01-11 to 09-30-12
*(Beginning and ending dates)*MEMBERSHIP FEE OR DUES AMOUNT: \$ 15,000.00Funding Source: State General Fund ☐ Other State Funds \$ 7,500 DOT General FundFederal Funds ☒ Other Funds \$ 7,500 CVISN GrantIf Renewal, previous year amount: \$ 15,000.00DO OTHER DEPARTMENTS BELONG TO THIS ORGANIZATION? ☐ Yes ☒ No

If Yes, please list:

Please describe why your department should have an additional membership:

WILL THIS MEMBERSHIP REQUIRE AND PAY FOR OUT-OF-STATE TRAVEL? ☒ Yes ☐ No

If Yes, list the anticipated number of trips per year and their purpose:

Four trips per year for Board of Directors Meeting. Chief Lorenzen is on the Executive Committee, which provides direct oversight and management of the other committees and the leadership of this organization.

DESCRIBE WHY THIS MEMBERSHIP IS IMPORTANT TO THE WORK OF YOUR DEPARTMENT:

Electronic By-Pass at weigh scales is important to keep traffic moving and not back up the que, creating hazards for other interstate travelers.

DESCRIBE HOW MEMBERSHIP IN THIS ORGANIZATION WILL BENEFIT THE TAXPAYERS OF THE STATE OF IOWA:

Provides a means for Motor Vehicle Enforcement (MVE) officers to concentrate limited resources on high-risk motor carriers by allowing reasonably safe carriers to pass weigh stations.

DESCRIBE THE FREQUENCY AND TYPE OF CONTACTS YOU EXPECT YOUR DEPARTMENT TO HAVE WITH THIS ORGANIZATION:

Weekly contacts are made regarding By-Pass activity at Iowa scales.

Requested by: _____

(Department Head Signature)

Date: _____

August 30, 2011

Phone: 515-237-3121E-mail: mark.lowe@dot.iowa.gov

DOM: _____

Approval ☒Disapproval ☐

Signature _____

Date _____

7/22/11

Executive Council of Iowa
 Capitol Building
 Des Moines, Iowa 50319
 Phone: 515-281-5368
 FAX: 515-281-7562

REQUEST FOR MEMBERSHIP APPROVAL

DEPARTMENT REQUESTING MEMBERSHIP: Iowa Department of Transportation

NAME OF ORGANIZATION: Ames Chamber of Commerce

NEW MEMBERSHIP ☒ RENEWAL ☒ MEMBERSHIP PERIOD July 2011 - June 2012
 (Beginning and ending dates)

MEMBERSHIP FEE OR DUES AMOUNT \$ 1500

If Renewal, previous year amount.

FUNDING SOURCE: Other State Funds - Primary Road Fund
 DO OTHER DEPARTMENTS BELONG TO THIS ORGANIZATION? ☐ Yes ☒ No

If yes, please list:

Please describe why department should have an additional membership

WILL THIS MEMBERSHIP REQUIRE OUT-OF-STATE TRAVEL? ☐ Yes ☒ No

If yes, list the anticipated number of trips per year and their purpose:

DESCRIBE WHY THIS MEMBERSHIP IS IMPORTANT TO THE WORK OF YOUR DEPARTMENT:

This will afford DOT staff the opportunity to network with local citizens and organizations, create a positive presence in the community, take advantage of additional recruitment opportunities such as the Story County Career Expo and the NationJob Network and participate in staff development.

DESCRIBE HOW MEMBERSHIP IN THIS ORGANIZATION WILL BENEFIT THE TAXPAYERS OF THE STATE OF IOWA.

It will offer another resource for advertising DOT employment, allow citizens to learn more about the department and provide outreach within the community by participating in Chamber sponsored events.

DESCRIBE THE FREQUENCY AND TYPE OF CONTACTS YOU EXPECT YOUR DEPARTMENT TO HAVE WITH THIS ORGANIZATION: Constant contacts may be made through participation in various programs offered by the Ames Chamber of Commerce.

Requested by:

(For Department Head Signature)

Date:

Phone: 515-239-1111

E-mail: paul.frombino@dot.iowa.gov

Approved David Pedersen 9/22/11